

Do you disagree with a decision?

If you disagree with a decision the Department of Health and Welfare makes regarding repayment or enrollment into the Access to Health Insurance program, you have a right to a hearing.

To exercise your hearing rights, you must submit a request for hearing within 28 days of the Department's written action.

The hearing request should be directed to;

Hearing Coordinator

Idaho Department of Health and Welfare
Administrative Procedures Section
P.O. Box 83720
Boise, Idaho 83720-0036
Fax (208) 332-7347

Please include the following information with your request:

1. A copy of a "Notice of Action" from the Department,
2. An explanation of why you are requesting a reconsideration of decision, and
3. Any additional information to support your request.